

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
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38						
39						
40						
41	cancel					
42						
43	cancel					
44	1					
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52	cancel					
53						
54	1					
55						
56						
57						
58						
59						
60						
61						
62						
63						
64	1					
65						
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90						
91	1					
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	6					
TOTAL DEP.	86					
TOTAL CLAIMS	92					

Best Available Copy